



Participant ID

Variable # 1 **Usage Notes:** none
Sas Name: ID **Categories:** Study: Administration
Sas Label: Participant ID
Type: Continuous

F38 Days since randomization/enrollment

Variable # 2 **Usage Notes:** none
Sas Name: F38DAYS **Categories:** Study: Administration
Sas Label: F38 Days since randomization/enrollment
Type: Continuous

F38 Visit type

Variable # 3 **Usage Notes:** none
Sas Name: F38VTYP **Categories:** Study: Administration
Sas Label: Visit type
Type: Categorical

Values

1	Screening Visit
2	Semi-Annual Visit
3	Annual Visit
4	Non Routine Visit

F38 Visit year

Visit year for which this form was collected.

Variable # 4 **Usage Notes:** none
Sas Name: F38VY **Categories:** Study: Administration
Sas Label: Visit year
Type: Continuous

F38 Closest to visit within visit type and year

For forms entered with the same visit type and year, indicates the one closest to that visit's target date. Valid for forms entered with an annual or semi-annual visit type.

Variable # 5 **Usage Notes:** See data preparation document.
Sas Name: F38VCLO **Categories:** Study: Administration
Sas Label: Closest to visit within visit type and year
Type: Categorical

Values

0	No
1	Yes



Form 38 - Daily Life

Data File: f38_os_pub

File Date: 08/08/2007 Structure: Multiple rows per participant Population: OS participants

F38 Expected for visit

This form/data was expected for this visit. Form 38 (Daily Life) is expected of all CT at Annual Visit 1, and on a subsample of CT at Annual Visits 3, 6, and 9. A form 38 is expected of all OS at Annual Visit 3.

Variable # 6

Usage Notes: none

Sas Name: F38EXPC

Categories: Study: Administration

Sas Label: Expected for visit

Type: Categorical

Values

0	No
1	Yes

F38 Rate quality of life

Overall, how you would rate your quality of life? (Mark one oval in the box below.)

Variable # 7

Usage Notes: none

Sas Name: LIFEQUAL

Categories: Psychosocial/Behavioral

Sas Label: Rate quality of life

Type: Categorical

Values

0	Worst
1	1
2	2
3	3
4	4
5	Halfway
6	6
7	7
8	8
9	9
10	Best



F38 How satisfied with quality of life

How satisfied are you with your current quality of life? (Mark one oval in the box below.)

Variable # 8

Usage Notes: none

Sas Name: SATLIFE

Categories: Psychosocial/Behavioral

Sas Label: How satisfied with quality of life

Type: Categorical

Values

0	Dissatisfied
1	1
2	2
3	3
4	4
5	Halfway
6	6
7	7
8	8
9	9
10	Satisfied

F38 In general, health is

In general, would you say your health is (Mark one oval.)

Variable # 9

Usage Notes: none

Sas Name: GENHEL

Categories: Psychosocial/Behavioral

Sas Label: In general, health is

Type: Categorical

Values

1	Excellent
2	Very good
3	Good
4	Fair
5	Poor

F38 Compare health to 1 year ago

Compared to one year ago, how would you rate your health in general now? (Mark one oval.)

Variable # 10

Usage Notes: none

Sas Name: HLTHC1Y

Categories: Psychosocial/Behavioral

Sas Label: Compare health to 1 year ago

Type: Categorical

Values

1	Much better now than 1 year ago
2	Somewhat better now than 1 year ago
3	About the same time
4	Somewhat worse now than 1 year ago
5	Much worse than 1 year ago



F38 Limited vigorous activities

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Vigorous activities, such as running, lifting heavy objects, or strenuous sports

Variable # 11 **Usage Notes:** none

Sas Name: VIGACT **Categories:** Physical Activity

Sas Label: Vigorous activities

Type: Categorical

Values

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all

F38 Limited moderate activities

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Moderate activities, such as moving a table, vacuuming, bowling, or golfing

Variable # 12 **Usage Notes:** none

Sas Name: MODACT **Categories:** Physical Activity

Sas Label: Moderate activities

Type: Categorical

Values

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all

F38 Limited lifting or carrying groceries

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Lifting or carrying groceries

Variable # 13 **Usage Notes:** none

Sas Name: LIFTGROC **Categories:** Physical Activity

Sas Label: Lifting or carrying groceries

Type: Categorical

Values

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all



F38 Limited climbing several flights of stairs

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Climbing several flights of stairs

Variable # 14

Usage Notes: none

Sas Name: STAIRS

Categories: Physical Activity

Sas Label: Climbing several flights of stairs

Type: Categorical

Values

1 Yes, limited a lot

2 Yes, limited a little

3 No, not limited at all

F38 Limited climbing one flight of stairs

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Climbing one flight of stairs

Variable # 15

Usage Notes: none

Sas Name: STAIR

Categories: Physical Activity

Sas Label: Climbing one flight of stairs

Type: Categorical

Values

1 Yes, limited a lot

2 Yes, limited a little

3 No, not limited at all

F38 Limited bending, kneeling, stooping

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Bending, kneeling, stooping

Variable # 16

Usage Notes: none

Sas Name: BENDING

Categories: Physical Activity

Sas Label: Bending, kneeling, stooping

Type: Categorical

Values

1 Yes, limited a lot

2 Yes, limited a little

3 No, not limited at all



F38 Limited walking more than one mile

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Walking more than a mile

Variable # 17

Usage Notes: none

Sas Name: WALK1M

Categories: Physical Activity

Sas Label: Walking more than one mile

Type: Categorical

Values

1 Yes, limited a lot

2 Yes, limited a little

3 No, not limited at all

F38 Limited walking several blocks

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Walking several blocks

Variable # 18

Usage Notes: none

Sas Name: WALKBLKS

Categories: Physical Activity

Sas Label: Walking several blocks

Type: Categorical

Values

1 Yes, limited a lot

2 Yes, limited a little

3 No, not limited at all

F38 Limited walking one block

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Walking one block

Variable # 19

Usage Notes: none

Sas Name: WALK1BLK

Categories: Physical Activity

Sas Label: Walking one block

Type: Categorical

Values

1 Yes, limited a lot

2 Yes, limited a little

3 No, not limited at all



F38 Limited bathing or dressing yourself

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Bathing or dressing yourself

Variable # 20

Usage Notes: none

Sas Name: BATHING

Categories: Physical Activity

Sas Label: Bathing or dressing yourself

Type: Categorical

Values

1 Yes, limited a lot

2 Yes, limited a little

3 No, not limited at all

F38 Extent physical/emotional problems interfered

During the past four weeks, to what extent have your physical health or emotional problems interfered with your normal social activities with family, neighbors, friends, or groups? (Mark one oval.)

Variable # 21

Usage Notes: none

Sas Name: INTSOC

Categories: Lifestyle
Medical History

Sas Label: Extent phys or emotional probs interfere

Type: Categorical

Values

1 Not at all

2 Slightly

3 Moderately

4 Quite a bit

5 Extremely

F38 How much bodily pain

During the past four weeks, how much bodily pain have you had? (Mark one oval.)

Variable # 22

Usage Notes: none

Sas Name: BODPAIN

Categories: Lifestyle
Medical History

Sas Label: How much bodily pain

Type: Categorical

Values

0 None

2 Very mild

3 Mild

4 Moderate

5 Severe



F38 How much did pain interfere

During the past four weeks, how much did pain interfere with your normal work (both outside your home and at home)? (Mark one oval.)

Variable # 23 **Usage Notes:** none
Sas Name: PAININT **Categories:** Lifestyle
Sas Label: How much did pain interfere Medical History
Type: Categorical

Values

1	Not at all
2	A little bit
3	Moderately
4	Quite a bit
5	Extremely

F38 Physical/Cut down on time spent

The next questions are about your regular daily activities like work, child care, or community activities. As a result of your physical health, have any of the following problems occurred during the past 4 weeks? You cut down on the amount of time you spent on work or other activities

Variable # 24 **Usage Notes:** none
Sas Name: LESSWRKP **Categories:** Lifestyle
Sas Label: Physical/Cut down on time spent Medical History
Type: Categorical

Values

0	No
1	Yes

F38 Physical/Accomplished less

The next questions are about your regular daily activities like work, child care, or community activities. As a result of your physical health, have any of the following problems occurred during the past 4 weeks? You accomplished less than you would have liked

Variable # 25 **Usage Notes:** none
Sas Name: LESSACCP **Categories:** Lifestyle
Sas Label: Physical/Accomplished less Medical History
Type: Categorical

Values

0	No
1	Yes

F38 Physical/Limited kind of work

The next questions are about your regular daily activities like work, child care, or community activities. As a result of your physical health, have any of the following problems occurred during the past 4 weeks? You were limited in the kind of work or other activities you did

Variable # 26 **Usage Notes:** none
Sas Name: LESSKNDP **Categories:** Lifestyle
Sas Label: Physical/Limited kind of work Medical History
Type: Categorical

Values

0	No
1	Yes



F38 Physical/Difficulty performing work

The next questions are about your regular daily activities like work, child care, or community activities. As a result of your physical health, have any of the following problems occurred during the past 4 weeks? You had difficulty performing work or other activities (it took extra effort)

Variable # 27 **Usage Notes:** none

Sas Name: WRKDIFFP **Categories:** Lifestyle
Medical History

Sas Label: Physical/Difficulty performing work

Type: Categorical

Values

0	No
1	Yes

F38 Emotional/Cut down on time spent

In the past four weeks, as a result of any emotional problem (feeling depressed or anxious), have any of the following occurred? You cut down on the amount of time spent on work or other activities

Variable # 28 **Usage Notes:** none

Sas Name: LESSWRKE **Categories:** Physical Activity
Psychosocial/Behavioral

Sas Label: Emotional/Cut down on time spent

Type: Categorical

Values

0	No
1	Yes

F38 Emotional/Accomplished less

In the past four weeks, as a result of any emotional problem (feeling depressed or anxious), have any of the following occurred? You accomplished less than you would have liked

Variable # 29 **Usage Notes:** none

Sas Name: LESSACCE **Categories:** Physical Activity
Psychosocial/Behavioral

Sas Label: Emotional/Accomplished less

Type: Categorical

Values

0	No
1	Yes

F38 Emotional/Worked less carefully

In the past four weeks, as a result of any emotional problem (feeling depressed or anxious), have any of the following occurred? You did work or other things less carefully than usual

Variable # 30 **Usage Notes:** none

Sas Name: LESSCARE **Categories:** Physical Activity
Psychosocial/Behavioral

Sas Label: Emotional/Worked less carefully

Type: Categorical

Values

0	No
1	Yes



F38 I get sick easier than others

Of these statements, how true or false is each for you? I seem to get sick a little easier than other people.

Variable # 31 **Usage Notes:** none

Sas Name: SICKEASY **Categories:** Medical History
Psychosocial/Behavioral

Sas Label: I get sick easier than others

Type: Categorical

Values

- 1 Definitely true
- 2 Mostly true
- 3 Not sure
- 4 Mostly false
- 5 Definitely false

F38 I am as healthy as anybody

Of these statements, how true or false is each for you? I am as healthy as anybody I know.

Variable # 32 **Usage Notes:** none

Sas Name: HLTHYANY **Categories:** Medical History
Psychosocial/Behavioral

Sas Label: I am as healthy as anybody

Type: Categorical

Values

- 1 Definitely true
- 2 Mostly true
- 3 Not sure
- 4 Mostly false
- 5 Definitely false

F38 I expect my health to get worse

Of these statements, how true or false is each for you? I expect my health to get worse.

Variable # 33 **Usage Notes:** none

Sas Name: HLTHWORS **Categories:** Medical History
Psychosocial/Behavioral

Sas Label: I expect my health to get worse

Type: Categorical

Values

- 1 Definitely true
- 2 Mostly true
- 3 Not sure
- 4 Mostly false
- 5 Definitely false



F38 My health is excellent

Of these statements, how true or false is each for you? My health is excellent.

Variable # 34 **Usage Notes:** none

Sas Name: HLTHEXCL **Categories:** Medical History
Psychosocial/Behavioral

Sas Label: My health is excellent

Type: Categorical

Values

1	Definitely true
2	Mostly true
3	Not sure
4	Mostly false
5	Definitely false

F38 Time physical/emotional problems interfered

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends and relatives)?

Variable # 35 **Usage Notes:** none

Sas Name: INTSOC2 **Categories:** Medical History
Psychosocial/Behavioral

Sas Label: Time physical/emotional probs interfere

Type: Categorical

Values

1	All of the time
2	Most of the time
3	Some of the time
4	A little bit of the time
5	None of the time

F38 Did you feel full of pep

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Did you feel full of pep?

Variable # 36 **Usage Notes:** none

Sas Name: FULLPEP **Categories:** Psychosocial/Behavioral

Sas Label: Did you feel full of pep

Type: Categorical

Values

1	All of the time
2	Most of the time
3	A good bit of the time
4	Some of the time
5	A little bit of the time
6	None of the time



F38 Have you been a very nervous person

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Have you been a very nervous person?

Variable # 37

Usage Notes: none

Sas Name: NERVOUS

Categories: Psychosocial/Behavioral

Sas Label: Have you been a very nervous person

Type: Categorical

Values

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little bit of the time
- 6 None of the time

F38 Felt so down in the dumps nothing could cheer

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Have you felt so down in the dumps that nothing could cheer you up?

Variable # 38

Usage Notes: none

Sas Name: DWNDUMPS

Categories: Psychosocial/Behavioral

Sas Label: Felt down in the dumps

Type: Categorical

Values

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little bit of the time
- 6 None of the time

F38 Felt calm and peaceful

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Have you felt calm and peaceful?

Variable # 39

Usage Notes: none

Sas Name: CALM

Categories: Psychosocial/Behavioral

Sas Label: Felt calm and peaceful

Type: Categorical

Values

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little bit of the time
- 6 None of the time



F38 Did you have a lot of energy

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Did you have a lot of energy?

Variable # 40

Usage Notes: none

Sas Name: ENERGY

Categories: Psychosocial/Behavioral

Sas Label: Did you have a lot of energy

Type: Categorical

Values

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little bit of the time
- 6 None of the time

F38 Felt downhearted and blue

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Have you felt downhearted and blue?

Variable # 41

Usage Notes: none

Sas Name: FELTBLUE

Categories: Psychosocial/Behavioral

Sas Label: Felt downhearted and blue

Type: Categorical

Values

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little bit of the time
- 6 None of the time

F38 Did you feel worn out

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Did you feel worn out?

Variable # 42

Usage Notes: none

Sas Name: WORNOUT

Categories: Psychosocial/Behavioral

Sas Label: Did you feel worn out

Type: Categorical

Values

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little bit of the time
- 6 None of the time



F38 Have you been happy

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closest to the way you have been feeling. Have you been happy?

Variable # 43

Usage Notes: none

Sas Name: HAPPY

Categories: Psychosocial/Behavioral

Sas Label: Have you been happy

Type: Categorical

Values

1	All of the time
2	Most of the time
3	A good bit of the time
4	Some of the time
5	A little bit of the time
6	None of the time

F38 Did you feel tired

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closest to the way you have been feeling. Did you feel tired?

Variable # 44

Usage Notes: none

Sas Name: TIRED

Categories: Psychosocial/Behavioral

Sas Label: Did you feel tired

Type: Categorical

Values

1	All of the time
2	Most of the time
3	A good bit of the time
4	Some of the time
5	A little bit of the time
6	None of the time

F38 Can you eat

Can you eat:

Variable # 45

Usage Notes: Not collected on all versions of Form 38.

Sas Name: EAT

Categories: Physical Activity

Sas Label: Can you eat

Type: Categorical

Values

1	Without help (can feed self completely)
2	With some help (help cutting, etc.)
3	Completely unable to feed self



F38 Can you dress and undress yourself

Can you dress and undress yourself:

Variable # 46

Usage Notes: Not collected on all versions of Form 38.

Sas Name: DRESS

Categories: Physical Activity

Sas Label: Can you dress and undress self

Type: Categorical

Values

1	Without help (can pick clothes, dress)
2	With some help
3	Unable to dress and undress self

F38 Can you get in and out of bed

Can you get in and out of bed:

Variable # 47

Usage Notes: Not collected on all versions of Form 38.

Sas Name: INOUTBED

Categories: Physical Activity

Sas Label: Can you get in and out of bed

Type: Categorical

Values

1	Without any help or aids
2	With some help (from a person or device)
3	Totally dependent on someone else

F38 Can you take a bath or shower

Can you take a bath or shower:

Variable # 48

Usage Notes: Not collected on all versions of Form 38.

Sas Name: SHOWER

Categories: Physical Activity

Sas Label: Can you take a bath or shower

Type: Categorical

Values

1	Without help
2	With some help (help in/out, tub attach)
3	Completely unable to bathe self

F38 Bloating or gas

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Bloating or gas

Variable # 49

Usage Notes: Not collected on all versions of Form 38.

Sas Name: BLOATING

Categories: Medical History: Other Disease/Condition

Sas Label: Bloating or gas

Type: Categorical

Values

0	Symptom did not occur
1	Symptom was mild
2	Symptom was moderate
3	Symptom was severe



F38 Constipation

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Constipation (difficulty having bowel movements)

Variable # 50 **Usage Notes:** none

Sas Name: CONSTIP **Categories:** Medical History: Other Disease/Condition

Sas Label: Constipation

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe

F38 Night sweats

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Night sweats

Variable # 51 **Usage Notes:** none

Sas Name: NIGHTSWT **Categories:** Medical History: Other Disease/Condition

Sas Label: Night sweats

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe

F38 General aches or pains

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. General aches or pains

Variable # 52 **Usage Notes:** none

Sas Name: ACHES **Categories:** Medical History: Other Disease/Condition

Sas Label: General aches or pains

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe



F38 Breast tenderness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Breast tenderness

Variable # 53 **Usage Notes:** none

Sas Name: BRSTTEN **Categories:** Medical History: Other Disease/Condition

Sas Label: Breast tenderness

Type: Categorical

- Values**
- | | |
|---|-----------------------|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

F38 Hot flashes

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Hot flashes

Variable # 54 **Usage Notes:** none

Sas Name: HOTFLASH **Categories:** Medical History: Other Disease/Condition

Sas Label: Hot flashes

Type: Categorical

- Values**
- | | |
|---|-----------------------|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

F38 Diarrhea

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Diarrhea

Variable # 55 **Usage Notes:** none

Sas Name: DIARRHEA **Categories:** Medical History: Other Disease/Condition

Sas Label: Diarrhea

Type: Categorical

- Values**
- | | |
|---|-----------------------|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |



F38 Mood swings

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Mood swings

Variable # 56

Usage Notes: none

Sas Name: MOODSWNG

Categories: Medical History: Other Disease/Condition

Sas Label: Mood swings

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe

F38 Nausea

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Nausea

Variable # 57

Usage Notes: none

Sas Name: NAUSEA

Categories: Medical History: Other Disease/Condition

Sas Label: Nausea

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe

F38 Dizziness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Dizziness

Variable # 58

Usage Notes: none

Sas Name: DIZZY

Categories: Medical History: Other Disease/Condition

Sas Label: Dizziness

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe



F38 Feeling tired

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Feeling tired

Variable # 59 **Usage Notes:** none
Sas Name: TIRED2 **Categories:** Medical History: Other Disease/Condition
Sas Label: Feeling tired
Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe

F38 Forgetfulness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Forgetfulness

Variable # 60 **Usage Notes:** none
Sas Name: FORGET **Categories:** Medical History: Other Disease/Condition
Sas Label: Forgetfulness
Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe

F38 Increased appetite

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Increased appetite

Variable # 61 **Usage Notes:** none
Sas Name: HUNGRY **Categories:** Medical History: Other Disease/Condition
Sas Label: Increase appetite
Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe



F38 Heart racing or skipping beats

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Heart racing or skipping beats

Variable # 62

Usage Notes: none

Sas Name: HEARTRAC

Categories: Medical History: Other Disease/Condition

Sas Label: Heart racing or skipping beats

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe

F38 Tremors

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Tremors (shakes)

Variable # 63

Usage Notes: none

Sas Name: TREMORS

Categories: Medical History: Other Disease/Condition

Sas Label: Tremors

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe

F38 Heartburn

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Heartburn

Variable # 64

Usage Notes: none

Sas Name: HEARTBRN

Categories: Medical History: Other Disease/Condition

Sas Label: Heartburn

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe



F38 Restless and fidgety

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Restless or fidgety

Variable # 65

Usage Notes: none

Sas Name: RESTLESS

Categories: Medical History: Other Disease/Condition

Sas Label: Restless and fidgety

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe

F38 Low back pain

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Low back pain

Variable # 66

Usage Notes: none

Sas Name: LOWBACKP

Categories: Medical History: Other Disease/Condition

Sas Label: Low back pain

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe

F38 Neck pain

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Neck pain

Variable # 67

Usage Notes: none

Sas Name: NECKPAIN

Categories: Medical History: Other Disease/Condition

Sas Label: Neck pain

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe



F38 Skin dryness or scaling

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Skin dryness or scaling

Variable # 68

Usage Notes: none

Sas Name: SKINDRY

Categories: Medical History: Other Disease/Condition

Sas Label: Skin dryness or scaling

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe

F38 Headaches or migraines

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Headaches or migraines

Variable # 69

Usage Notes: none

Sas Name: HEADACHE

Categories: Medical History: Other Disease/Condition

Sas Label: Headaches or migraines

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe

F38 Clumsiness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Clumsiness

Variable # 70

Usage Notes: none

Sas Name: CLUMSY

Categories: Medical History: Other Disease/Condition

Sas Label: Clumsiness

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe



F38 Trouble with vision

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Any trouble seeing that is uncorrected by lenses

Variable # 71 **Usage Notes:** none

Sas Name: TRBSEE **Categories:** Medical History: Other Disease/Condition

Sas Label: Trouble with vision

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe

F38 Vaginal or genital irritation

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Vaginal or genital irritation or itching

Variable # 72 **Usage Notes:** none

Sas Name: VAGITCH **Categories:** Medical History: Other Disease/Condition

Sas Label: Vaginal or genital irritation

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe

F38 Difficulty concentrating

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Difficulty concentrating

Variable # 73 **Usage Notes:** none

Sas Name: CONCEN **Categories:** Medical History: Other Disease/Condition

Sas Label: Difficulty concentrating

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe



F38 Joint pain or stiffness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you... Be sure to mark one box on each line. Joint pain or stiffness

Variable # 74 **Usage Notes:** none

Sas Name: JNTPAIN **Categories:** Medical History: Other Disease/Condition

Sas Label: Joint pain or stiffness

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe

F38 Decreased appetite

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Decreased appetite

Variable # 75 **Usage Notes:** none

Sas Name: NOHUNGER **Categories:** Medical History: Other Disease/Condition

Sas Label: Decreased appetite

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe

F38 Hearing loss

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Hearing loss

Variable # 76 **Usage Notes:** none

Sas Name: HEARLOSS **Categories:** Medical History: Other Disease/Condition

Sas Label: Hearing loss

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe



F38 Swelling of hands or feet

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Swelling of hands or feet

Variable # 77 **Usage Notes:** none

Sas Name: SWELLHND **Categories:** Medical History: Other Disease/Condition

Sas Label: Swelling of hands or feet

Type: Categorical

- Values**
- | | |
|---|-----------------------|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

F38 Vaginal or genital dryness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Vaginal or genital dryness

Variable # 78 **Usage Notes:** none

Sas Name: VAGDRY **Categories:** Medical History: Other Disease/Condition

Sas Label: Vaginal or genital dryness

Type: Categorical

- Values**
- | | |
|---|-----------------------|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

F38 Upset stomach or belly pain

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Upset stomach or belly pain or discomfort

Variable # 79 **Usage Notes:** none

Sas Name: UPSTOM **Categories:** Medical History: Other Disease/Condition

Sas Label: Upset stomach or belly pain

Type: Categorical

- Values**
- | | |
|---|-----------------------|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |



F38 Pain or burning while urinating

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Pain or burning while urinating

Variable # 80

Usage Notes: none

Sas Name: URINPAIN

Categories: Medical History: Other Disease/Condition

Sas Label: Pain or burning while urinating

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe

F38 Coughing or wheezing

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Cough or wheezing

Variable # 81

Usage Notes: none

Sas Name: COUGH

Categories: Medical History: Other Disease/Condition

Sas Label: Coughing or wheezing

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe

F38 Vaginal or genital discharge

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Vaginal or genital discharge

Variable # 82

Usage Notes: none

Sas Name: VAGDIS

Categories: Medical History: Other Disease/Condition

Sas Label: Vaginal or genital discharge

Type: Categorical

Values

- 0 Symptom did not occur
- 1 Symptom was mild
- 2 Symptom was moderate
- 3 Symptom was severe



F38 Did your spouse or partner die

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did your spouse or partner die?

Variable # 83

Usage Notes: Not collected on all versions of Form 38.

Sas Name: SPOUSDIE

Categories: Psychosocial/Behavioral

Sas Label: Did your spouse or partner die

Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much

F38 Did your spouse/partner have a serious illness

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did your spouse or partner have a serious illness?

Variable # 84

Usage Notes: Not collected on all versions of Form 38.

Sas Name: SPOUSILL

Categories: Psychosocial/Behavioral

Sas Label: Did your spouse have a serious illness

Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much

F38 Did a close friend die or have serious illness

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Over the past year: Did a close friend or family member die or have a serious illness (other than your spouse or partner)?

Variable # 85

Usage Notes: Not collected on all versions of Form 38.

Sas Name: FRIENDIE

Categories: Psychosocial/Behavioral

Sas Label: Did a close friend die

Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much



F38 Have major problems with money

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did you have any major problems with money?

Variable # 86

Usage Notes: Not collected on all versions of Form 38.

Sas Name: MONPROB

Categories: Psychosocial/Behavioral

Sas Label: Have major problems with money

Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much

F38 Have a divorce or break-up

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did you have a divorce or break-up with a spouse or partner?

Variable # 87

Usage Notes: Not collected on all versions of Form 38.

Sas Name: DIVORCE

Categories: Psychosocial/Behavioral

Sas Label: Have a divorce or break-up

Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much

F38 Close friend/family have a divorce

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did a family member or close friend have a divorce or break-up?

Variable # 88

Usage Notes: Not collected on all versions of Form 38.

Sas Name: FRNDIV

Categories: Psychosocial/Behavioral

Sas Label: Close friend/family have a divorce

Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much



F38 Have major conflict with children

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did you have a major conflict with children or grandchildren?

Variable # 89

Usage Notes: Not collected on all versions of Form 38.

Sas Name: CHILCON

Categories: Psychosocial/Behavioral

Sas Label: Have major conflict with children

Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much

F38 Have a major accident or disaster

Below are some hard things that sometimes happen to people. Pls try to think back over the past yr to remember if any of these things happened. Over the past year: Did you have any major accidents,disasters, muggings, unwanted sexual experiences, robberies or similar events?

Variable # 90

Usage Notes: Not collected on all versions of Form 38.

Sas Name: MAJACC

Categories: Psychosocial/Behavioral

Sas Label: Have a major accident or disaster

Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much

F38 Did you, family, or friend lose job or retire

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did a family member or close friend lose their job or retire?

Variable # 91

Usage Notes: Not collected on all versions of Form 38.

Sas Name: FRNJOB

Categories: Psychosocial/Behavioral

Sas Label: You, family, friend lose job or retire

Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much



F38 Were you physically abused

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Were you physically abused by being hit, slapped, pushed, shoved, punched or threatened with a weapon by a family member or close friend?

Variable # 92

Usage Notes: Not collected on all versions of Form 38.

Sas Name: PHYAB

Categories: Psychosocial/Behavioral

Sas Label: Were you physically abused

Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much

F38 Were you verbally abused

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: . Were you verbally abused by being made fun of, severely criticized, told you were a stupid or worthless person, or threatened with harm to yourself, your possessions, or your pets, by a family member or close friend?

Variable # 93

Usage Notes: Not collected on all versions of Form 38.

Sas Name: VERBAB

Categories: Psychosocial/Behavioral

Sas Label: Were you verbally abused

Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much

F38 Did a pet die

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did a pet die?

Variable # 94

Usage Notes: Not collected on all versions of Form 38.

Sas Name: PETDIE

Categories: Psychosocial/Behavioral

Sas Label: Did a pet die

Type: Categorical

Values

0	No
1	Yes and upset me: Not too much
2	Yes and upset me: Moderately
3	Yes and upset me: Very much



F38 You felt depressed

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You felt depressed (blue or down)

Variable # 95

Usage Notes: Not collected on all versions of Form 38.

Sas Name: FELTDEP

Categories: Psychosocial/Behavioral

Sas Label: You felt depressed

Type: Categorical

Values

- 0 Rarely or none of the time
- 1 Some or a little of the time
- 2 Occasionally or a moderate amount
- 3 Most or all of the time

F38 Your sleep was restless

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. Your sleep was restless

Variable # 96

Usage Notes: Not collected on all versions of Form 38.

Sas Name: RESTSLP

Categories: Lifestyle: Sleep
Psychosocial/Behavioral

Sas Label: Your sleep was restless

Type: Categorical

Values

- 0 Rarely or none of the time
- 1 Some or a little of the time
- 2 Occasionally or a moderate amount
- 3 Most or all of the time

F38 You enjoyed life

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You enjoyed life

Variable # 97

Usage Notes: Not collected on all versions of Form 38.

Sas Name: ENJLIF

Categories: Psychosocial/Behavioral

Sas Label: You enjoyed life

Type: Categorical

Values

- 0 Rarely or none of the time
- 1 Some or a little of the time
- 2 Occasionally or a moderate amount
- 3 Most or all of the time



F38 You had crying spells

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You had crying spells

Variable # 98

Usage Notes: Not collected on all versions of Form 38.

Sas Name: CRYSPELL

Categories: Psychosocial/Behavioral

Sas Label: You had crying spells

Type: Categorical

Values

- 0 Rarely or none of the time
- 1 Some or a little of the time
- 2 Occasionally or a moderate amount
- 3 Most or all of the time

F38 You felt sad

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You felt sad

Variable # 99

Usage Notes: Not collected on all versions of Form 38.

Sas Name: FELTSAD

Categories: Psychosocial/Behavioral

Sas Label: You felt sad

Type: Categorical

Values

- 0 Rarely or none of the time
- 1 Some or a little of the time
- 2 Occasionally or a moderate amount
- 3 Most or all of the time

F38 You felt people disliked you

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You felt that people disliked you

Variable # 100

Usage Notes: Not collected on all versions of Form 38.

Sas Name: PEOPDIS

Categories: Psychosocial/Behavioral

Sas Label: You felt people disliked you

Type: Categorical

Values

- 0 Rarely or none of the time
- 1 Some or a little of the time
- 2 Occasionally or a moderate amount
- 3 Most or all of the time



F38 Felt sad for two weeks or more

In the past year, have you had two weeks or more during which you felt sad, blue, or depressed, or lost pleasure in things that you usually cared about or enjoyed?

Variable # 101

Usage Notes: Not collected on all versions of Form 38.

Sas Name: SAD2WK

Categories: Psychosocial/Behavioral

Sas Label: Felt sad for two weeks or more

Type: Categorical

Values

0	No
1	Yes

F38 Felt sad for two or more years

Have you had two years or more in your life when you felt depressed or sad on most days, even if you felt okay sometimes?

Variable # 102

Usage Notes: Not collected on all versions of Form 38.

Sas Name: SAD2YRS

Categories: Psychosocial/Behavioral

Sas Label: Felt sad for two or more years

Type: Categorical

Values

0	No
1	Yes

F38 Felt sad much of past year

Have you felt depressed or sad much of the time in the past year?

Variable # 103

Usage Notes: Sub-question of F38 V6 Q57 "Felt sad two or more years".
Not collected on all versions of Form 38.

Sas Name: SADMUCH

Categories: Psychosocial/Behavioral

Sas Label: Felt sad much of past year

Type: Categorical

Values

0	No
1	Yes

F38 Did you take medication for sleep

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you take any kind of medication or alcohol at bedtime to help you sleep?

Variable # 104

Usage Notes: none

Sas Name: MEDSLEEP

Categories: Lifestyle: Sleep

Sas Label: Did you take medication for sleep

Type: Categorical

Values

1	No, not in past 4 weeks
2	Yes, less than once a week
3	Yes 1 or 2 times a week
4	Yes, 3 or 4 times a week
5	Yes, 5 or more times a week



F38 Did you fall asleep during quiet activity

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you fall asleep during quiet activities like reading, watching TV, or riding in a car?

Variable # 105

Usage Notes: none

Sas Name: FALLSLP

Categories: Lifestyle: Sleep

Sas Label: Fall asleep during quiet activity

Type: Categorical

Values

1	No, not in past 4 weeks
2	Yes, less than once a week
3	Yes 1 or 2 times a week
4	Yes, 3 or 4 times a week
5	Yes, 5 or more times a week

F38 Did you nap during the day

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you nap during the day?

Variable # 106

Usage Notes: none

Sas Name: NAP

Categories: Lifestyle: Sleep

Sas Label: Did you nap during the day

Type: Categorical

Values

1	No, not in past 4 weeks
2	Yes, less than once a week
3	Yes 1 or 2 times a week
4	Yes, 3 or 4 times a week
5	Yes, 5 or more times a week

F38 Did you have trouble falling asleep

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you have trouble falling asleep?

Variable # 107

Usage Notes: none

Sas Name: TRBSLEEP

Categories: Lifestyle: Sleep

Sas Label: Did you have trouble failling asleep

Type: Categorical

Values

1	No, not in past 4 weeks
2	Yes, less than once a week
3	Yes 1 or 2 times a week
4	Yes, 3 or 4 times a week
5	Yes, 5 or more times a week



F38 Did you wake up several times

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you wake up several times at night?

Variable # 108

Usage Notes: none

Sas Name: WAKENIGHT

Categories: Lifestyle: Sleep

Sas Label: Did you wake up several times

Type: Categorical

Values

- 1 No, not in past 4 weeks
- 2 Yes, less than once a week
- 3 Yes 1 or 2 times a week
- 4 Yes, 3 or 4 times a week
- 5 Yes, 5 or more times a week

F38 Did you wake up earlier than planned

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you wake up earlier than you planned?

Variable # 109

Usage Notes: none

Sas Name: UPEARLY

Categories: Lifestyle: Sleep

Sas Label: Did you wake up earlier than planned

Type: Categorical

Values

- 1 No, not in past 4 weeks
- 2 Yes, less than once a week
- 3 Yes 1 or 2 times a week
- 4 Yes, 3 or 4 times a week
- 5 Yes, 5 or more times a week

F38 Did you have trouble getting back to sleep

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you have trouble getting back to sleep after you woke up too early?

Variable # 110

Usage Notes: none

Sas Name: BACKSLP

Categories: Lifestyle: Sleep

Sas Label: Have trouble getting back to sleep

Type: Categorical

Values

- 1 No, not in past 4 weeks
- 2 Yes, less than once a week
- 3 Yes 1 or 2 times a week
- 4 Yes, 3 or 4 times a week
- 5 Yes, 5 or more times a week



F38 Did you snore

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you snore?

Variable # 111 **Usage Notes:** none
Sas Name: SNORE **Categories:** Lifestyle: Sleep
Sas Label: Did you snore
Type: Categorical

Values

- 1 No, not in past 4 weeks
- 2 Yes, less than once a week
- 3 Yes 1 or 2 times a week
- 4 Yes, 3 or 4 times a week
- 5 Yes, 5 or more times a week
- 9 Don't know

F38 Typical night's sleep

Overall, was your typical night's sleep during the past 4 weeks:

Variable # 112 **Usage Notes:** none
Sas Name: QUALSLP **Categories:** Lifestyle: Sleep
Sas Label: Typical night's sleep
Type: Categorical

Values

- 1 Very restless
- 2 Restless
- 3 Average quality
- 4 Sound or restful
- 5 Very sound or restful

F38 How many hours of sleep

About how many hours of sleep did you get on a typical night during the past 4 weeks?

Variable # 113 **Usage Notes:** none
Sas Name: HRSSLP **Categories:** Lifestyle: Sleep
Sas Label: How many hours of sleep
Type: Categorical

Values

- 1 5 or less hours
- 2 6 hours
- 3 7 hours
- 4 8 hours
- 5 9 hours
- 6 10 or more hours



F38 Ever leaked urine

Have you ever leaked even a very small amount of urine involuntarily and you couldn't control it?

Variable # 114

Usage Notes: none

Sas Name: INCONT

Categories: Medical History: Incontinence

Sas Label: Ever leaked urine

Type: Categorical

Values

0	No
1	Yes

F38 How often leaked urine

How often does this leaking urine occur? (Mark one oval.)

Variable # 115

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).

Sas Name: FRQINCON

Categories: Medical History: Incontinence

Sas Label: How often leaked urine

Type: Categorical

Values

1	Not once during past year
2	Less than once a month
3	More than once a month
4	One or more times a week
5	Daily

F38 No longer leak urine

When do you usually leak urine? (Mark all that apply.) No longer leak urine

Variable # 116

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).
Not collected on all versions of Form 38.

Sas Name: NOINCON

Categories: Medical History: Incontinence

Sas Label: No longer leak urine

Type: Categorical

Values

0	No
1	Yes

F38 Leak urine when cough, laugh

When do you usually leak urine? (Mark all that apply.) When I cough, laugh, sneeze, lift, stand up. Or exercise

Variable # 117

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).
Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).
Not collected on all versions of Form 38.

Sas Name: CGHINCON

Categories: Medical History: Incontinence

Sas Label: Leak urine when cough, laugh

Type: Categorical

Values

0	No
1	Yes



F38 Leak urine when can't get to toilet

When do you usually leak urine? (Mark all that apply.) When I feel the need to urinate and can't get to a toilet fast enough

Variable # 118

Sas Name: TOINCON

Sas Label: Leak urine when can't get to toilet

Type: Categorical

Values

0	No
1	Yes

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).
Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).
Not collected on all versions of Form 38.

Categories: Medical History: Incontinence

F38 Leak urine when I am sleeping

When do you usually leak urine? (Mark all that apply.) When I sleep

Variable # 119

Sas Name: SLPINCON

Sas Label: Leak urine when I am sleeping

Type: Categorical

Values

0	No
1	Yes

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).
Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).
Not collected on all versions of Form 38.

Categories: Medical History: Incontinence

F38 When leak urine, Other

When do you usually leak urine? (Mark all that apply.) Other

Variable # 120

Sas Name: OTHINCON

Sas Label: When leak urine, Other

Type: Categorical

Values

0	No
1	Yes

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).
Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).
Not collected on all versions of Form 38.

Categories: Medical History: Incontinence

F38 How much urine do you lose

How much urine do you usually lose when it leaks? (Mark one oval.)

Variable # 121

Sas Name: LEAKAMT

Sas Label: How much urine do you lose

Type: Categorical

Values

1	None
2	Barely noticeable on underpants
3	Soaked underpants
4	Soaked through to outer clothing

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).
Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).

Categories: Medical History: Incontinence



F38 Leak Protect/No protection

What protection do you wear in case you leak urine? (Mark all that apply.) None

Variable # 122

Sas Name: NOPRTCT

Sas Label: Leak Protect/No protection

Type: Categorical

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).
Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F38 Leak Protect/Mini-pad, tissue

What protection do you wear in case you leak urine? (Mark all that apply.) Mini-pad, tissue or towel

Variable # 123

Sas Name: MINIPAD

Sas Label: Leak Protect/Mini-pad, tissue

Type: Categorical

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).
Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F38 Leak Protect/Menstrual pad

What protection do you wear in case you leak urine? (Mark all that apply.) Menstrual pad or shield

Variable # 124

Sas Name: MENSPAD

Sas Label: Leak Protecti/Menstrual pad

Type: Categorical

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).
Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F38 Leak Protect/Diaper, Attends

What protection do you wear in case you leak urine? (Mark all that apply.) Diaper, towel, Attends, Depends

Variable # 125

Sas Name: DIAPER

Sas Label: Leak Protect/Diaper, Attends

Type: Categorical

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).
Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).

Categories: Medical History: Incontinence

Values

0	No
1	Yes



F38 Leak Protect/Other

What protection do you wear in case you leak urine? (Mark all that apply.) Other

Variable # 126

Sas Name: OTHPRTCT

Sas Label: Leak Protect/Other

Type: Categorical

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).
Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).

Categories: Medical History: Incontinence

Values

0	No
1	Yes

F38 How often does leakage limit activities

How often does the leakage of urine limit your daily activities? (Mark one oval.)

Variable # 127

Sas Name: INCONLMT

Sas Label: How often does leakage limit activities

Type: Categorical

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).
Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).

Categories: Medical History: Incontinence

Values

1	Never
2	Almost never
3	Sometimes
4	Fairly often
5	Very often

F38 How much does leakage bother you

How much does the leakage of urine bother or disturb you? (Mark one oval.)

Variable # 128

Sas Name: INCONDIS

Sas Label: How much does leakage bother

Type: Categorical

Usage Notes: Sub-question of F38 V6 Q68 "Ever leaked urine" (skip pattern rule not applied).
Sub-question of F38 V6 Q70 "No longer leak urine" (skip pattern rule not applied).

Categories: Medical History: Incontinence

Values

1	Not at all disturbing
2	A little disturbing
3	Somewhat disturbing
4	Very disturbing
5	Extremely disturbing

F38 Currently married or intimate

Are you currently married or in an intimate relationship with at least one person?

Variable # 129

Sas Name: MARRIED

Sas Label: Currently married or intimate

Type: Categorical

Usage Notes: none

Categories: Lifestyle: Sexual Activity

Values

0	No
1	Yes



F38 Sexual activity in last year

Did you have any sexual activity with a partner in the last year?

Variable # 130

Usage Notes: none

Sas Name: SEXACTIV

Categories: Lifestyle: Sexual Activity

Sas Label: Sexual activity in last year

Type: Categorical

Values

0	No
1	Yes
9	Don't want to answer

F38 How satisfied sexually

How satisfied are you with your current sexual activities, either with a partner or alone? (Mark one oval.)

Variable # 131

Usage Notes: none

Sas Name: SATSEX

Categories: Lifestyle: Sexual Activity

Sas Label: How satisfied sexually

Type: Categorical

Values

1	Very unsatisfied
2	A little unsatisfied
3	Somewhat satisfied
4	Very satisfied
9	Don't want to answer

F38 Satisfied with sex frequency

Are you satisfied with the frequency of your sexual activity, or would you like to have sex more or less often? (Mark one oval.)

Variable # 132

Usage Notes: none

Sas Name: SATFRQSX

Categories: Lifestyle: Sexual Activity

Sas Label: Satisfied with sex frequency

Type: Categorical

Values

1	Less often
2	Satisfied with current frequency
3	More often
9	Don't want to answer



F38 Worried sexual activity will affect health

Are you worried that sexual activities will affect your health? (Mark one oval.)

Variable # 133 **Usage Notes:** none
Sas Name: SEXWORRY **Categories:** Lifestyle: Sexual Activity
Sas Label: Worried sex activity will affect health
Type: Categorical

Values

1	Not at all worried
2	A little worried
3	Somewhat worried
4	Very worried
9	Don't want to answer

Activities of daily living construct

Computed from Forms 36/38, questions 39-42. Source: WHI BAC. Four items describing basic activities (whether can eat, dress, get in and out of bed, and take a bath) each of which has three possible values (1=without help, 2=some help, 3=completely unable) are summed. A lower score indicates greater ability to cope with daily living activities. Missing if any of the four items are missing.

Variable # 134 **Usage Notes:** none
Sas Name: ACTDLY **Categories:** Computed Variables
Sas Label: Activities of Daily Living Construct Psychosocial/Behavioral
Type: Continuous

Role limitations due to emotional problems

Computed from Form 36/38, questions 22, 23, and 24. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on role limitations due to emotional problems. EMOLIMIT ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 135 **Usage Notes:** none
Sas Name: EMOLIMIT **Categories:** Computed Variables
Sas Label: Role limitation due to emotional problem Psychosocial/Behavioral
Type: Continuous

Emotional well-being

Computed from Form 36/38, questions 31, 32, 33, 35, and 37. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on emotional well-being. EMOWELL ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 136 **Usage Notes:** none
Sas Name: EMOWELL **Categories:** Computed Variables
Sas Label: Emotional well-being Psychosocial/Behavioral
Type: Continuous

Energy/fatigue

Computed from Form 36/38, questions 30, 34, 36, and 38. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on energy/fatigue. ENERFAT ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 137 **Usage Notes:** none
Sas Name: ENERFAT **Categories:** Computed Variables
Sas Label: Energy/fatigue Psychosocial/Behavioral
Type: Continuous



Form 38 - Daily Life

Data File: f38_os_pub

File Date: 08/08/2007 Structure: Multiple rows per participant Population: OS participants

General health construct

Computed from Form 36/38, questions 3, 25, 26, 27, and 28. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on general health. GENHLTH ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 138	Usage Notes: none
Sas Name: GENHLTH	
Sas Label: General health construct	Categories: Computed Variables Psychosocial/Behavioral
Type: Continuous	

Life event construct #1 (0,1 scoring)

Computed from Form 36/38, questions 44.1, and 45-54. Source: WHI BAC; based on measures used in the Alameda County Study and BHAT. The eleven items are recoded, setting original responses from 1-3 equal to 1, and then summed. The construct has a range from 0 to 11 with a higher score indicating a greater number of life events. Missing if any of the eleven items are missing.

Variable # 139	Usage Notes: none
Sas Name: LFEVENT1	
Sas Label: Life event construct #1 (0,1 scoring)	Categories: Computed Variables Psychosocial/Behavioral
Type: Continuous	

Life event construct #2 (0-3 scoring)

Computed from Form 36/38, question questions 44.1, and 45-54. Source: WHI BAC; based on measures used in the Alameda County Study and BHAT. This construct is a sum of the eleven items that are coded from 0-3 resulting in a range from 0 to 33 with a higher score indicating a greater number of life events. If any of the eleven items are missing, LFEVENT2 is set to missing.

Variable # 140	Usage Notes: none
Sas Name: LFEVENT2	
Sas Label: Life event construct #2 (0-3 scoring)	Categories: Computed Variables Psychosocial/Behavioral
Type: Continuous	

Pain construct

Computed from Form 36/38, questions 16 and 17. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on pain. PAIN ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 141	Usage Notes: none
Sas Name: PAIN	
Sas Label: Pain construct	Categories: Computed Variables Psychosocial/Behavioral
Type: Continuous	

Role limitations due to physical health

Computed from Form 36/38, questions 18-21. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on role limitations due to physical health. PHYLIMIT ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 142	Usage Notes: none
Sas Name: PHYLIMIT	
Sas Label: Role limitations due to physical health	Categories: Computed Variables Psychosocial/Behavioral
Type: Continuous	



Physical functioning construct

Computed from Form 36/38, questions 5-14. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on physical functioning. PHYSFUN ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 143	Usage Notes: none
Sas Name: PHYSFUN	
Sas Label: Physical functioning construct	Categories: Computed Variables Physical Activity Psychosocial/Behavioral
Type: Continuous	

Shortened CES-D/DIS screening instrument

Computed from Form 36/38, questions 55.1-55.6, 56, 57, and 57.1. Source: Center for Epidemiological Studies; depression scale (CES-D, short form). PSHTDEP ranges from 0 to 1 with a higher score indicating a greater likelihood of depression. Cutoff values of .06 and .009 have been used to indicate depression.

Variable # 144	Usage Notes: none
Sas Name: PSHTDEP	
Sas Label: Shortened CES-D/DIS screening instrument	Categories: Computed Variables Psychosocial/Behavioral
Type: Continuous	

Sleep disturbance construct

Computed from Form 36/38, questions 61-64 and 66. Sum of five components. Questions 61-64 range from 1-5 and question 66 is recoded and reverse coded resulting in a range from 0-4 before summing. The summary score ranges from 0 to 20 where a higher score indicates greater sleep disturbance. Missing if any of the five components is missing.

Variable # 145	Usage Notes: none
Sas Name: SLPDSTRB	
Sas Label: Sleep disturbance construct	Categories: Computed Variables Lifestyle: Sleep
Type: Continuous	

Social functioning

Computed from Form 36/38, questions 15 and 29. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on social functioning. SOCFUNC ranges from 0 to 100 with a higher score indicating a more favorable health state.

Variable # 146	Usage Notes: none
Sas Name: SOCFUNC	
Sas Label: Social functioning	Categories: Computed Variables Psychosocial/Behavioral
Type: Continuous	

Symptom construct

Computed from Form 36/38, questions 43.1-43.34. Source: PEPI, national and other surveys. Average of 34 items measuring occurrence and severity of symptoms. The summary score ranges from 0 to 3 where a higher score indicates more numerous and/or more severe symptoms. Missing if any of the 34 items is missing.

Variable # 147	Usage Notes: none
Sas Name: SYMPTOM	
Sas Label: Symptom construct	Categories: Computed Variables Psychosocial/Behavioral
Type: Continuous	